

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155621	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 06/09/2014
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NAME OF PROVIDER OR SUPPLIER PINE HAVEN HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3400 STOCKER DR EVANSVILLE, IN 47720
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K010000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 06/09/14</p> <p>Facility Number: 000442 Provider Number: 155621 AIM Number: 100266510</p> <p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Pine Haven Health and Rehabilitation Center was found in substantial compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), and 410 IAC 16.2. The original two story section and Stocker Addition I were surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This building consists of two sections: the original portion of the building, a two story, fully sprinklered building determined to be of Type I (332)</p>	K010000	<p>Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or the validity of the conclusions set forth in the statement of deficiencies. This plan of correction is prepared and executed solely because it is required by the provisions of federal and state law. The facility requests that this plan of correction be considered as its allegation of compliance, and represents that the corrections of the cited deficiencies have been, or are expected to be, completed on or before June 17, 2014.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K010050 SS=C	<p>construction and Stocker Addition I, a one story, fully sprinklered building determined to be of Type V (111) construction. The facility has a fire alarm system with hard wired smoke detectors in the corridors, in spaces open to the corridors, and in all resident sleeping rooms in the Stocker Addition I, plus battery operated smoke detectors in all resident sleeping rooms in the original two story section. The facility has a capacity of 120 and had a census of 76 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered, except, two detached buildings used for facility storage.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 06/12/14.</p> <p>The facility was found in substantial compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly</p>			

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	<p>on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>Based on record review and interview, the facility failed to ensure fire drills were held at varied times for 2 of 3 employee shifts during 3 of 4 quarters. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drills in the Fire and Sprinkler books on 06/09/14 at 10:30 a.m. with the Director of Maintenance present, three of four first shift (day) fire drills were performed between 1:56 p.m. and 2:06 p.m. and three of four third shift (night) fire drills were performed between 11:05 p.m. and 11:45 p.m. During an interview at the time of record review, the Director of Maintenance acknowledged the times when the first and third shift fire drills were performed and agreed the times were not varied enough.</p> <p>3-1.19(b)</p>	K010050	<p>What corrective action(s) have been (or will be) accomplished for those residents found to have been affected by the deficient practice? All residents could have been affected by the alleged deficient practice. The schedule of the of the fire drills have been changed from an annual schedule to a continuous rotated schedule of drills being conducted on all three shifts with an increase in the variation of times on each shift. How will other residents having the potential to be affected by the same deficient practice be identified and what corrective actions will be taken? All residents could have been affected by the alleged deficient practice. The schedule of the of the fire drills have been changed from an annual schedule to a continuous rotated schedule of drills being conducted on all three shifts with an increase in the variation of times on each shift. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? The</p>	06/17/2014			

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K020000	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 06/09/14 Facility Number: 000442 Provider Number: 155621 AIM Number: 100266510	K020000	Maintenance Director will submit a copy of the Fire Drill Schedule/Completion Form to the Administrator after the completion of each fire drill to ensure the compliance with the schedule date and time. The Administrator will complete a Performance Improvement Tool to monitor the adherence to the revised schedule. How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? Performance Improvement Tool results will be reviewed monthly during the facility's Interdisciplinary Team Meetings, which in turn will submit its findings to the facility's Quality Assurance Committee for its quarterly review and recommendations. Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or the validity of the conclusions set forth in the statement of deficiencies. This plan of correction is prepared and executed solely because it is required by the provisions of federal and state law. The facility requests that this plan of correction be considered as its		

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	<p>Surveyor: Lex Brashear, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Pine Haven Health and Rehabilitation Center was found in substantial compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), and 410 IAC 16.2. The Stocker Addition II was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>This portion of the facility was one story and determined to be of Type V (111) construction and fully sprinklered. The facility has a fire alarm system with hard wired smoke detectors in corridors, in areas open to the corridors, and in all resident sleeping rooms. The facility has a capacity of 116 and had a census of 76 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered, except, two detached buildings used for facility storage.</p> <p>The facility was found in substantial compliance with the aforementioned</p>		allegation of compliance, and represents that the corrections of the cited deficiencies have been, or are expected to be, completed on or before June 17, 2014.	

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K020050 SS=C	<p>regulatory requirements as evidenced by the following:</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 18.7.1.2</p> <p>Based on record review and interview, the facility failed to ensure fire drills were held at varied times for 2 of 3 employee shifts during 3 of 4 quarters. This deficient practice could affect all residents in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's fire drills in the Fire and Sprinkler books on 06/09/14 at 10:30 a.m. with the Director of Maintenance present, three of four first shift (day) fire drills were performed between 1:56 p.m. and 2:06 p.m. and three of four third shift (night) fire drills were performed between 11:05 p.m. and 11:45 p.m. During an interview at the time of record review, the Director of Maintenance acknowledged the times</p>	K020050	<p>What corrective action(s) have been (or will be) accomplished for those residents found to have been affected by the deficient practice? All residents could have been affected by the alleged deficient practice. The schedule of the of the fire drills have been changed from an annual schedule to a continuous rotated schedule of drills being conducted on all three shifts with an increase in the variation of times on each shift. How will other residents having the potential to be affected by the same deficient practice be identified and what corrective actions will be taken? All residents could have been affected by the alleged deficient practice. The schedule of the of the fire drills have been changed from an annual schedule to a</p>	06/17/2014

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	when the first and third shift fire drills were performed and agreed the times were not varied enough. 3-1.19(b)		continuous rotated schedule of drills being conducted on all three shifts with an increase in the variation of times on each shift. What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur? The Maintenance Director will submit a copy of the Fire Drill Schedule/Completion Form to the Administrator after the completion of each fire drill to ensure the compliance with the schedule date and time. The Administrator will complete a Performance Improvement Tool to monitor the adherence to the revised schedule. How will the corrective action(s) be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place? Performance Improvement Tool results will be reviewed monthly during the facility's Interdisciplinary Team Meetings, which in turn will submit its findings to the facility's Quality Assurance Committee for its quarterly review and recommendations.		